

Political Organization
Notice of Section 527 Status

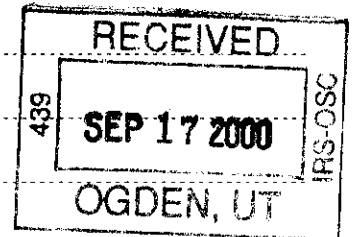
OMB No. 1545-1693

General Information

1 Name of organization AMERICA 21		Employer identification number 91 2068119
2 Mailing address (P.O. Box or number, street, and room or suite number) P.O. BOX 59125		
City or town, state, and ZIP code BIRMINGHAM, AL 35259		
3 E-mail address of organization tommyb@pearcebevill.com		
4a Name of custodian of records RANDY DEMPSEY	4b Custodian's address 1122 2nd ST N BIRMINGHAM, AL 35234	
5a Name of contact person RANDY DEMPSEY	5b Contact person's address 1122 2nd ST N BIRMINGHAM, AL 35234	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number SAME		
City or town, state, and ZIP code		

Purpose

7 Describe the purpose of the organization
POLITICAL COMMITTEE



List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
N/A		

List of All Officers, Directors, and Highly Compensated Employees (see instructions)

[illegible]

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign
Here**

Signature of authorized official

Date _____



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Form **8871** (7-2000)

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) AMERICA 21	
2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
4a Mailing address (street address) (room, apt., or suite no.) P.O. BOX 59125	5a Business address (if different from address on lines 4a and 4b)
4b City, state, and ZIP code BIRMINGHAM, AL. 35259	5b City, state, and ZIP code
6 County and state where principal business is located JEFFERSON, ALABAMA	
7 Name of principal officer, general partner, grantor, owner, or trustee — SSN or ITIN may be required (see instructions) ► RANDY DEMPSEY	

8a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 8a.

- ☐ Sole proprietor (SSN)
☐ Partnership
☐ REMIC
☐ State/local government
☐ Church or church-controlled organization
☐ Other nonprofit organization (specify) ►
☒ Other (specify) ► **POLITICAL COMMITTEE**
- ☐ Personal service corp.
☐ National Guard
☐ Farmers' cooperative
☐ Federal government/military (enter EIN if applicable) (specify purpose) ►
☐ Estate (SSN of decedent)
☐ Plan administrator (SSN)
☐ Other corporation (specify) ►
☐ Trust
☐ Created a trust (specify type) ►
☐ Other (specify) ►

8b If a corporation, name the state or foreign country (if applicable) where incorporated State Foreign country

9 Reason for applying (Check only one box.) (see instructions)
☒ Started new business (specify type) ► **POLITICAL COMMITTEE**
☐ Hired employees (Check the box and see line 12.)
☐ Created a pension plan (specify type) ►
☐ Banking purpose (specify purpose) ►
☐ Changed type of organization (specify new type) ►
☐ Purchased going business
☐ Created a trust (specify type) ►
☐ Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions)
AUGUST 28, 1998

11 Closing month of accounting year (see instructions)
DECEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). **Note:** If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) N/A

13 Highest number of employees expected in the next 12 months. **Note:** If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (see instructions) ► **POLITICAL COMMITTEE**

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box.
☐ Public (retail) ☐ Other (specify) ► ☐ Business (wholesale) ☒ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ► **RANDY DEMPSEY**
TREASURER

Business telephone number (include area code)
(205) 328-0162

Fax telephone number (include area code)
(205) 414-0023

Signature ► *Randy Dempsey* Date ► 7-31-00

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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